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Michael F Williams

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p. 4

Appl. No. 10/085,468
Amdt dated May 20, 2003
Reply to Office action of Feb. 20, 2003

Official

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Appl. No. : 10/085,468
Applicant : Arvin D. Danielson
Filed : February 28, 2002
Title :

TC/A.U. : 2625
Examiner : Seyed H. Azarian

Docket No. : 36943XE

Honorable Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

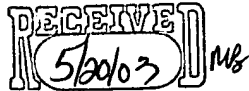
RESPONSE TO OFFICE ACTION

Sir:

In response to the Office Action of February 20, 2003, please amend the above-identified application as follows:

The Claims are reflected in the listing of the claims that begins on page 2 of this paper.

Remarks/Arguments begin on page 11 of this paper.



Original

PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/085,468	
	Filing Date	February 28, 2002	
	First Named Inventor	Arvin D. Danielson	
	Art Unit	2625	
	Examiner Name	Seyed H. Azarian	
Total Number of Pages in This Submission	21	Attorney Docket Number	36943XE

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
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<input checked="" type="checkbox"/> Amendment/Reply (18 pages)	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	- Facsimile Cover Sheet (2 pages)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Michael F. Williams, Reg. No. 39,875
Signature	<i>Michael F. Williams</i>
Date	May 20, 2003

CERTIFICATE OF TRANSMISSION/MAILING	
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Typed or printed name	Michael F. Williams
Signature	<i>Michael F. Williams</i>
Date	May 20, 2003

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